

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98912 Office of Registrar of Vital Statistics.

Ward 6^{1/2}

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 28th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles Heinrich

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 7 Years, 8 Months, 24 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, None

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give Street and Number. } Chew & Castle Street

Cause of Death, { First (Primary), Second (Immediate), } Pneumonia
Asthma

Duration of Last Sickness, Five (6) weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, March 30 1887

Undertaker, John Henry

Place of Business, 2008 Orleans Street

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Attention of Physicians is respectfully invited to the Remarks below, and to the use of Diseases on back of this Certificate.

Health Department City of Baltimore.

Permit No. 98913 Office of Registrar of Vital Statistics.

Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 24th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Walter E. Wright

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 6 Years, 10 Months, 17 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } Accidentally drowned off Ellicotts Wharf at foot of West St.

Cause of Death, { First (Primary), Drowning Second (Immediate), Asphyxia }

Duration of Last Sickness, Body recovered March 29th

All the above information should be furnished by the Physician.

Place of Burial, Mount Clare

Date of Burial, March 31 1887

{ Undertaker, Bernard Hale } Frank J. Flannery M. D.

{ Place of Business, 165 West St. } Coroner Medical Attendant Address, 1701 Dr. Hill Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Attention of Physicians is Respectfully Directed to the Fact that the Burial of this Certificate

Health Department, City of Baltimore.

Permit No. 98914 Office of Registrar of Vital Statistics. Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 30th 1887

Full Name of Deceased, Francis Blotterberger

Sex, Male or Female, Male

Age, 8 Years, 15 Months, Days.

Color, White

Married, Single, Widow or Widower, Single

Occupation, Balto

Birth Place, Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, 1903 Hanover St

Cause of Death, meningitis

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, May 31

Undertaker, R. Hall

Place of Business, 115 West 4 Address, 610 S. Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98915 Office of Registrar of Vital Statistics.

Ward 52

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 29-87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Barline Luthard

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 79 Years, 1 Months, 13 Days.

Color, White

~~Married~~, Single, Widow ~~or~~ Widower, { Cross out the words not required in this line. } Widow

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 904 Aspinth St

Cause of Death, { First (Primary), Second (Immediate), } Pneumonia

Duration of Last Sickness, _____

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, March 31st

Undertaker, George Schilling

Place of Business, Arkland Square

D W Cathell M. D.

Medical Attendant.

Address, 4 W Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98916 Office of Registrar of ~~Vital~~ Statistics. Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within ~~twenty-four~~ hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 29th March 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William L. Gardner

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 76 Years, _____ Months, _____ Days

Color, White

~~Married, Single, Widow or Widower,~~ { Cross out the words not required in this line. } Single

Occupation, Thumber

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 21 Years

Place of Death, { Give Street and Number. } 1639 E. Pratt St.

Cause of Death, { First (Primary), _____ Second (Immediate), _____ } General decay
Heart failure

Duration of Last Sickness, about 3 months

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery

Date of Burial, March 31st 1887

{ Undertaker, Denny & Mitchell } E. J. Evans M. D.
Medical Attendant.

{ Place of Business, 208 S Broadway } Address, 1835 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98917

Office of Registrar of Statistics.

Ward 12

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 28, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elenora Cunningham

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 52 Years, _____ Months, _____ Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, Housekeeper

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give Street and Number. } 1606 John St.

Cause of Death, { First (Primary), Second (Immediate), } Pneumonia Pulmonalis, Exacerbation

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, March 31st 1887

Undertaker, Henry & Mitchell

Place of Business, 248 S. Broadway Address, Charles & Center Sts.

J. H. Souff M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98918 Office of Registrar of Vital Statistics.

Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Tuesday March 29th 87
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles O. V. Muntell
Sex, Male or Female, { Cross out the word not required in this line. } Male
Age, 37 Years, — Months, — Days.
Color, Cold
Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }
Occupation, Chiropractic
Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore City
Duration of Residence in the City of Baltimore, Life Time
Place of Death, { Give Street and Number. } 516 St Paul St
Cause of Death, { First (Primary), Second (Immediate), } Tuberculosis
Inferior Pulmonary
Duration of Last Sickness, Six weeks

All the above information should be furnished by the Physician.

Place of Burial, Lanum Cemetery

Date of Burial, Mar 31, 1887

Undertaker, Alex Hensley

Place of Business, 561 Exchange St

Edw M. D.

M. D.

Medical Attendant.

Address, 2nd Ave & Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

the Special Attention of the

Health Department ^{of the} City of Baltimore.

Permit No. 98919 Office of Registrar of Vital Statistics. Ward 9

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, *within twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

penalty of law.
 NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 30 1887.

Full Name of Deceased, { Write legibly and spell
correctly. If an Infant
not named, give names
of parents.

Sex, *Male or Female*, { Cross out the word not
required in this line.

Age, 50 Years, 0 Months, 0 Days.

Color, Black

~~Married, Single, Widow or Widower,~~ { Cross out the words not
required in this line.

Occupation, Labourer

Birth Place, { State or country, and how
long in the United States,
if of foreign birth. }

Duration of Residence in the City of Baltimore, 30 years

Place of Death, { Give Street and } 11 Clarke Court
Number.

Cause of Death, { First (Primary), Pneumonia
Second (Immediate), _____

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, E. Pub. Cemetery

Date of Burial, *Mch 30th / 887*

(Undertaker, Geo. Rinehart) St. W. Warfield M. D. Medical Attendant.

Place of Business, *Health Office* Address, *Balt. Sent. Wash.*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore,

Permit No. **98920**

Office of Registrar of Vital Statistics.

Ward **12²**

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, **Mar. 28th 1887**

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } **Bridget Mary Dugan**

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, **67** Years, Months, Days.

Color, **White**

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, **Irish**

Birthplace, { State or country, and how long in the United States, if of foreign birth. } **Ireland**

Duration of Residence in the City of Baltimore, **Don't know**

Place of Death, { Give street and number. } **199 John st.**

Cause of death, { First, (Primary.) Second, (Immediate,) } **Acute Hepatitis Bilious**

Duration of Last Sickness, **Two weeks**

All the above information should be furnished by the Physician.

Place of Burial, **Brown Bros Cemetery**

Date of Burial, **Mar 31, 1887**

Undertaker, **Chas. A. Raymond**

Place of Business, *** 334 N. Charles St**

Dr. Brooke Boylen M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98921 Office of Registrar of Vital Statistics. Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 30th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sam^l Stewart

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 35 Years, _____ Months, _____ Days.

Color, white

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } Married

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 16 years

Place of Death, { Give Street and Number. } 2104 E Baltimore St

Cause of Death, { First (Primary), Second (Immediate), } Rheumatism & Asthenia
about 4 weeks

Duration of Last Sickness, _____

All the above information should be furnished by the Physician.

Place of Burial, Brooklyn St

Date of Burial, March 31st 1887

Undertaker, Lenny Mitchell D W B Athell M. D.
Medical Attendant.

Place of Business, 208 S Broadway Address, 4 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

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